ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH County Mame District or Township City Mame No. Lawren Mame (If birth occurred in a hospital or institution, give its NAME instead of street and number) (If birth occurred in a hospital or institution, give its NAME instead of street and number) (If birth occurred in a hospital or institution, give its NAME instead of street and number) (If child is not yet named, make supplemental report, as directed. 3. Sea of Child To be answered ONLY 4. Twin, triplet or other 15. No., in order of birth 14. MOTHER Full name 9. Residence (Usual place of abode) 15. Residence (Usual place of abode) 16. Color or race 17. Date Full marken 18. Birthplace (city or place) (State or country) 19. Occupation Nature of industry 11. Age at last birthday A.3. (Years) 11. Birthplace (city or place) (State or country) 11. Occupation Nature of industry 12. Number of children of this mother 13. Occupation Nature of industry 14. The place of short of this mother 15. Occupation Nature of industry 16. Color or race 17. Age at last birthday / b. (Years) 18. Birthplace (city or place) (State or country) 19. Occupation Nature of industry 19. Occupation Nature o	· · · · · · · · · · · · · · · · · · ·	J.3	
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Given name added from			
a supplemental report Month, day, year			
Filed May 1929 4-6. 0mm	Filed.	Hay 13, 1929 14. 6. om	
Registrar Registrar	Registrar	Registrar	